



Armenian American Medical Society of California
 P. O. Box 32
 Glendale, CA 91209
 (818) 980-7777
 (818) 980-7772
 www.aamsc.com

AAMSC SCHOLARSHIP APPLICATION

(please type or print)

Name: _____ Male: _____ Female: _____
(Last) (First) (MI)

Current Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Please identify where correspondence should be addressed after September 30, 2009:

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Date of Birth: ___ / ___ / ___ Birthplace: _____ Marital Status: _____

Father's Full Name _____

Mother's Full Name _____
(maiden name)

ACADEMIC INFORMATION

Professional School name: _____

Expected Graduation Date: _____

<u>Undergraduate/Graduate Schools</u>	<u>Dates Attended</u>	<u>Major(s)</u>	<u>G.P.A.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enclose official transcripts

Current advisor or Dean's Name (to verify enrollment:) _____

Are you currently enrolled for the 2009 academic year? _____

Provide information about your intended degree, when you expect it will be awarded, and any other pertinent information including area of concentration:

Honors/Awards:

FINANCIAL INFORMATION

Financial aid received and amount (Please list all scholarships, grants, loans, including dates.):

Tuition amount: _____ Living expenses: _____

Your estimated annual income (if applicable) _____

Father's occupation: _____ Annual Income: _____

Mother's occupation: _____ Annual Income: _____

Parents' address: _____

Own ___ Rent ___ If owned, current market value: _____

Please submit applicant's and parents' first two pages of year 2008 tax returns (If not available, provide year 2007 tax returns.)

EMPLOYMENT (most recent)

Employer: _____ Years Employed: _____

Address: _____

Position: _____ Annual Salary: _____

Name of Supervisor: _____ Phone: _____

Hours per week: _____

ARMENIAN COMMUNITY SERVICE AND VOLUNTEER WORK

(Include description and date of each activity, your participation, organizations and offices held, etc.)

CURRENT ACADEMIC AND COMMUNITY REFERENCES

Enclose one academic and one Armenian community service reference letter

NAME

TITLE

TELEPHONE

ESSAY

Please attach a brief essay (500 words maximum) on your reasons for entering the profession of medicine, and how you would like to impact the health care of Armenians.

I hereby affirm that all the information provided is true and any false statements will forfeit my qualification for the consideration to the scholarship. This application is the sole property of AAMSC. All information is strictly confidential and will not be returned.

Please type your name: _____

Signature: _____